

Business Name:		Contact:	Tax Year:
Account Number:	EIN:	Email:	Qtr:

**Form LST**  
**Quarterly Reconciliation of LST**  
**(Local Services Tax)**

Total # of Individuals Paid on W2:
Total # of Owners/Partners included:
# Exempt (paying only SD \$5):
Total # paid this quarter:

1. Amount Withheld	\$
2. Late Fee (line 1 x 5%)	\$
3. Net Amount (Line 1 + Line 2)	\$
4. Interest & Penalty (Line 1 x 1% per month)	\$
5. Total Amount Due (Line 3 + Line 4)	\$

*Individuals that are exempt MUST have a COMPLETED Exemption form.  
The Scranton School District does not have an exemption – \$5 must be paid by all individuals.*

X \_\_\_\_\_  
PREPARER SIGNATURE PREPARER PHONE NUMBER

I declare under penalties provided by law that I have examined this completed return and it is true and correct to the best of my knowledge.  
Remit coupon with payment to: Collector of Taxes, P.O. Box 20111, Scranton, PA 18502

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